12 Weeks to Wellness

Sober Living Client Application

Dream Power Therapy
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Our mission is to provide a spiritual healing foundation of recovery from alcoholism/addiction for persons, with or without children, ages 17 and above in a loving, clean and sober environment. Your children may join you (up to 2 children 12 years old or under). Dream Power Therapy is a non- profit organization offering peer-run sober living in a therapeutic horsemanship program, through a lifestyle-changing experience in a healthy, recovering household as individuals or as a family.

Clients heal from alcoholism/addiction & trauma by the daily practice of life skills taught by other recovering people who have successfully achieved long-term sobriety. All recovery skills and methods are taught by a recovering person & revolve around the gently healing love of the horse. We provide help to those individuals who have a desire to be clean and sober, free from pain and fear and achieve self-sufficiency.

We offer a 12-step based, spiritual (NOT religious), 12-week structured program with weekly progress assessments. Participants work closely with a 12 Step sponsor (AA or NA). It is paramount to become involved in a positive social network. Participants need to provide medical proof of being drug and alcohol free upon intake; we will recommend local detox centers if needed.

Admission Requirements

Willing to follow instructions and fully participate in barn life	**No history of violent crimes, sex crimes, or arson**
Willing to work your daily recovery program	**Willing to follow all house rules, curfew and meeting requirements**
12-week program commitment with weekly assessments	**Addict or alcoholic by admission**

Program fees are: $125 per day, which is $875 per week or $3,500 per 28-day/4week period and the first 2 weeks must be PREPAID ($1,750), then each subsequent weekly fee (3-12) paid in advance. You must demonstrate commitment to your recovery and this process & be formally accepted for the next week to continue your weekly stay here.

We are committed to helping you finish this 12 week transformative process and will do all we can to empower you to succeed!

This is a week-to-week sober living program, not an institution or rental housing. Participants are assessed weekly for progress on their individualized recovery plan and must achieve minimum 70%

progress to continue to the next week. Failure to prepay for the upcoming week will result in program termination.

Participants of 12 Weeks to Wellness are required to take care of individual responsibilities, including personal hygiene. We provide weekly equine therapies with a Certified Therapeutic Riding Instructor, Peer Support Specialist, food and lodging. We offer a referral base for job assistance and transport assistance to counseling and additional activities when needed.

TO APPLY YOU MUST:

• Complete these forms in their entirety and write a letter of introduction (Bio-letter) telling us about yourself on the last two pages.

• You must answer every question. If the question does NOT pertain to you, please insert "N/A" for not applicable to you.

• Remember that your application will be held up without the completion of the Bio-letter. Fill out the application completely.

• You must include the name, phone and email of your probation officer &/or caseworker if applicable.

• If you have any question or if we can be of assistance to you, please call. Don't forget to complete the last two pages because your application will be rejected without a complete application.

12 Weeks to Wellness

Sober Living Application

You are required to write a brief bio letter at the end of this application. We want to know who you are, where you came from, and where you want to go in life. This section is required to process application. If you have trouble writing, get help, or let us know you need help.

Full Name: _____Today's date:_____

SS#: _____ DOB: _____ Age: _____ Marital Status: _____

State ID type and #: _____

Applicant #2 Name: _____ SS#: _____

DOB: _____ Age: _____ Marital Status: _____ State ID type and #: _____

Are you pregnant? YES / NO Veteran? YES / NO
Current Contact Phone: _____

How did you hear about our program: _____

Are you receiving benefits? YES / NO What type? _____

Amount? _____ Current Living Situation (circle one):

Streets Shelter Detox Jail/Prison Rental Housing Transitional Living Hospital Family

Name and phone number of closest contact: _____

Current Address: _____

Are you in the process of family reunification? YES / NO Explain:_____

Do you have children? YES / NO

If yes, Ages & Names: _____

Do they have any special needs? _____

Who will they stay with while you are in the program? _____

Contact info of your children's care provider:_____

Are you paying or do you owe Child Support? YES / NO Amount:$ _____
In case of Emergency notify:
Name _____ Relationship _____ Phone _____

Are you willing (YES / NO) and capable (YES / NO) of working 35 hours a week of gainful employment?

What are your desired employment goals (Type of work, pay, etc)? What do you ENJOY doing?
_____

ALCOHOL AND DRUG USE

Drug(s) of choice: _____, _____, _____, _____, _____

List names and dates of all treatment programs, Shelters, Domestic Violence shelters and Halfway Houses attended:

_____

_____

Are you willing to attend five 12-step Recovery Meetings each week? YES / NO

If attending a 12 Step Group, are you willing to work with a 12-step sponsor each week? YES / NO

How many attempts have you made to get clean and sober in the past? _____ Most clean/ sober time attained?_____

Substance	Frequency of Use	Age First Used	Method (oral, smoke, inhaled, injected, other)	Other Drug Use
Alcohol				
Marijuana				
Methamphetamine				
Heroin/Opiates				
Hallucinogens				
Pharmaceuticals				

EMPLOYMENT HISTORY (List Most Recent Employer First)

Employer Name	Phone	Date Started	Date Ended	Position	Supervisor Name	Pay Rate

EDUCATION HISTORY

Education Completed: (circle all that apply)

High School GED Vocational School Junior College University Other _____

Name and Place	Phone	Position	Certificates, Diplomas Obtained	Type or Main Subject

BRIEF MEDICAL HISTORY

Are you under a physician's care? YES / NO If yes, why?

_____

Name of Dr: _____ Phone: _____ Agency:_____

List ALL Medications Prescribed: _____

_____

Will your doctor prepare a work release letter? YES / NO

List ALL past and current Physical issues:

_____

_____

List ALL past and current psychiatric issues (including self harm &/or eating disorders):

_____

_____

Are you under the care of a behavior health facility? YES / NO

If yes, explain: _____

Date: _____ Where:_____ Have you ever attempted suicide? YES / NO

If yes, explain date & how attempted:

_____

3 YEAR HOUSING HISTORY

Prior Living Situation	Pay Rent Y/N	Where	When (start – end)	How Long

REASON FOR LEAVING PRIOR HOUSING

Substance Abuse Marital Separation Loss of Employment Completed Program

Discharged Parole/ Probation Violation
Non-Payment of Rent/ Occupancy Charge Destruction of Property

Non-Compliance of Housing Authority Arrested
Criminal Activity/ Violence Other:_____

LEGAL HISTORY

Do you have current charges? YES / NO If yes, what? _____ If yes, next court date: _____
Are you a parole violator? YES / NO Reason for Violation: _____ Anticipated Release Date: _____

Are you on supervision? (circle one) IPS - Direct - Regular – Parole - Fed Probation - No Supervision

Agency: _____

PO Name _____ Phone: _____

Office Location: _____

Do you have court fines? YES / NO how much? _____

Do you have community service? YES / NO How many hours? _____

Have you ever been arrested for any sex crimes? YES / NO

If yes, explain: _____

List all arrests, convictions, sentences, prior prison or jail commitments and probation history. (list places and dates – use additional space at end if needed)

_____

_____

_____

VERIFICATION

Application forms require this information to process. Who can we call to verify this application?

(circle one) Parole/Probation - Public Defender - Attorney - Case Manager - CO - Pretrial - Vet Rep - Doctor - Therapist - Other _____

Name_____ Phone # _____

Email: _____

Did you read, understand and agree to the lodging agreement and house policies, and will sign if accepted? YES / NO

Are you clear & agree to what is expected of you? YES / NO

By signing below I provide Dream Power Therapy authorization to share information included in this application with relevant legal and medical agencies listed this application:

(Sign here) _____Date_____

All information on this application is true to the best of my ability: Client Name (Print) _____ Client Signature _____
Date_____

Participant Bio-Letter

Attach additional page if needed.

Please tell us about yourself (your likes & dislikes, etc):

_____
_____

Please tell us why you believe participating in 12 Weeks to Wellness will help you:

_____
_____

What abilities do you possess that will help you be successful at 12 Weeks to Wellness:

_____
_____

What are your reasons for applying to live at 12 Weeks to Wellness (court ordered, DFCS,

family, wants to change your life etc.):

_____
_____

What actions are you willing to take in order to accomplish the goal of building a sober lifestyle:

_____
_____

What does following instructions and willingness mean to you?

_____

_____

_____

What are you UNwilling to give up or change for your sobriety?

_____

_____

How can you contribute to be a positive addition to 12 Weeks to Wellness?

_____

_____